



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Dr. John R. Zaleski

Docket No.: 2002P12115 US01

Serial No.: 10/629,034

Filed: 07.28.03

Group Art Unit: 1732

Title: Patient Medical Parameter Acquisition and Distribution System

CERTIFICATE OF MAILING

I hereby certify that correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail on the below-indicated date in an envelope addressed to: Assistant Commissioner for Patents, Alexandria, VA 22313-1450

16 November 2004

Date

Alexander J. Burke

Alexander J. Burke
Reg. No. 40,425

Assistant Commissioner for Patents

P.O.Box 1450

Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Sir:

The documents listed on Form PTO-1449 and of which a copy is enclosed, unless otherwise noted, are hereby cited pursuant to 37 CFR §1.56, §1.97 and §1.98, for consideration in the examination of the above-identified application and for the purpose of having them made of record.

Respectfully submitted,

Alexander J. Burke

Alexander Burke
Reg. No.: 40,425

Date: 16 November 2004

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet	1	of	2
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Complete if Known

Application Number	10/629,034
Filing Date	07.28.03
First Named Inventor	Dr. John R. Zaleski
Art Unit	1732
Examiner Name	
Attorney Docket Number	2002P12115 US01

U.S. PATENT DOCUMENTS

[illegible]

FOREIGN PATENT DOCUMENTS

[illegible]

**Examiner
Signature**

Date
Considered

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Substitute for form 1449A/PTO- NOV 18 2004 INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>			Complete if Known		
			Application Number	10/629,034	
			Filing Date	07.28.03	
			First Named Inventor	Dr. John R. Zaleski	
			Group Art Unit	1732	
			Examiner Name		
Sheet	2	of	2	Attorney Docket Number	2002P12115 US01

[illegible]

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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